

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Larry M. Johnson, Paralegal

U. S. Application No. 10/530383

Publication Date 29 April 2004

Publication No. WO 2004/034930

A3 PCT/RO/101

International Application No. PCT DE 03/003395

Language German

Priority Info: Country DE No. 102 47 689.6 date 26 Oct 2002

MORE turn over

Abstract: ☒; Correspondence checked: ☒; Inventor Name checked: ☒

Copy in International Application: yes ☒ no ☐; Translation: yes ☐ no ☐

Copy of ISR ☒, Copy of IPER ☐

Total Claims: 18 Chargeable 18 Independent 2 multiple ☐

371 Filing Fees: 5/5; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 1

Oath/Declaration: yes ☒ no ☐; signed ☐ unsigned ☐ defective ☐ completed 26 May 2005

large entity fee: ☐; Small entity fee: ☒; SME papers: yes ☐ no ☐

Biochemical Seq. Diskette: yes ☐ no ☒ entered ☐ Biochemical Seq. Listing: yes ☐ no ☐
statement ☐ yes ☐ no ☐

Copy of ISR: with References ☐, without References ☒

Copy of IPER: yes ☐ no ☒; Annexes yes ☐ no ☐ entered ☐ not entered ☐

Preliminary Amendment(s): yes ☒ no ☐; 2nd amendment date ☐

IDS: yes ☒ no ☐ DATE: ☐ 2nd yes ☐ no ☐ DATE ☐

Request for Immediate Examination: yes ☒ no ☐

Substitute Specification: yes ☐ no ☒

Assignment: yes ☒ no ☐ forwarded to Assignment 09/09/2005

Priority Document(s): yes ☒ no ☐; Number of copies included ☐

Power of Attorney: yes ☐ no ☒

Date of 35 USC Receipt of Request: 06 April 2005 Notes:

Date Completion USC 371 Requirements: 09 September 2005

Notice of Missing Requirements: ☐

Notice of Defective Response: ☐

Notice of Acceptance: 26 May 2005

Notice of Abandonment: ☐

Other forms: ☐

Article 19 Amendment: yes ☐ no ☐; replaced by Article 34 Amdt. ☐

Extension of time: Number of months ☐

Petition to Revive: ☐ : Petition 1.47

*12 of 12
Full Amendment
missing on filing
09/09/2005*

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>50.</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>50.⁰⁰</u>							
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> </tr> </table>		5	0	--	0	4	2	7
5	0	--	0	4	2	7				
<input type="checkbox"/> No Fee Due (Explanation):										
<i>Rule change - 08 Dec 2004</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>								
OFFICE: <u>DO/ED</u>		<small>Repln. Ref: 09/12/2005 P800KER-0014214700 OAH: 500427 Name/Number: 10530303</small>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

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